DRI



AMEN	Docket No. 2694-0142P				
Application No. 10/765,962-Conf. #2269		Filing January 2		Examiner Cyril Tai	Art Unit
pplicant(s): Frai			.9, 2004	Cylli Tai	1723
opiicani(s). Frai	ik Gleset et a	ai. 			
vention: APPAF	RATUS FOR S	EPARATING A	AMALGAM		
S Amendment ommissioner for I O. Box 1450 lexandria, VA 223			- 100 10 10 10 10		
Fransmitted here		ndment in the	above-identif	ied application.	
The fee has beer	n calculated an	d is transmitte	d as shown b	elow.	
		CLAIM	S AS AMEN	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 21 =	0	X	
Independent Claims	2	- 3 =	0	×	
Multiple Depend	lent Claims (ch	eck if applicabl	e)		
Other fee (pleas	e specify): E	Extension for res	ponse within the	nird month	1,020.00
TOTAL ADDITI	1,020.00				
x Large Entity				Small Entity	
No additiona	I fee is require	d for this amer	ndment.		
Please charg	ge Deposit Acc copy of this she	ount No)2-2448 ir	n the amount of \$ _	· ·
X A check in th	ne amount of \$	1,020.00	is enclo	sed.	
	credit card. Fo		is attached.		
				Deposit Account No	02-2448
	below. A dup				J
x Credit ar	ny overpaymer	nt.			
x Charge a	yy,∕additional fili	ng or applicatio	n processing t	ees required under 3	7 CFR 1.16 and 1.17.
Tilull		DAKKAT E	0.44	Dated:	August 22, 2006
Joe McKinney N	/Juncy	<u> 10 bent F</u> 2729		Dateu.	August 22, 2006
Attorney Reg. N	lo.: 32,334		•		
BIRCH, STEWA 8110 Gatehouse Suite 100 East P.O. Box 747 Falls Church, Vi (703) 205-8026	e Road		.P		•

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006					Complete if Known									
					Application Nu	nf. #2269								
					Filing Date		January 29, 2004							
					First Named I	nventor	Frank GIESEL							
					Examiner Nam	e	Cyril Tai	·						
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		1723							
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 Attorney Docket No. 2694-0142P														
METHOD OF	METHOD OF PAYMENT (check all that apply)													
x Check														
Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP														
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)														
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee														
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17														
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)														
	IG, SEARCH, AND			•	g	,,.		5 /						
		FILING F			RCH FEES	EXAMIN	NATION FEES							
Application T	ype Fee		all Entity	Fee (\$)	Small Entity	(Fee (\$)	Small Entity	Eags B	aid (\$)					
Utility	30		ee (\$) 150	500	<u>Fee (\$)</u> 250	200	<u>Fee (\$)</u> 100	<u> </u>	aiu (y)					
Design	20		100	100	50	130	65							
Plant	20		100	300	150	160	80							
Reissue	30		150	500	250	600	300							
Provisional	20	_	100	0	0	0	0							
2. EXCESS CL		Ü		v	v	v	Ŭ		Small Entity					
Fee Description								Fee (\$)	Fee (\$)					
	r 20 (including Rei	ssues)						50	25					
Each independe	ent claim over 3 (in	cluding R	eissues)					200	100					
Multiple depen	dent claims							360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Pa	aid (\$)	<u>M</u> t	ultiple Depende	nt Claims						
	- 20 =	x	_ = _			<u>Fe</u>	<u>e (\$)</u> <u>F</u>	ee Paid (\$)					
HP = highest nun	nber of total claims paid	for, if greater	than 20.						_					
Indep. Claims	Extra Claims	Fee (<u>\$)</u>	Fee Pa	aid (\$)									
	-3=	×												
-	nber of independent clair	ns paid for, i	f greater than 3	3.					_					
3. APPLICATIO		avasad 10	νο abasta af				_4							
	ation and drawings ler 37 CFR 1.52(e)								1					
	action thereof. See						mity) for each ac	iditional 50						
Total Sheet					ditional 50 or fra		f <u>Fee (\$)</u>	Fee F	aid (\$)					
	- 100 =	/50		((round up to a wh	nole number)	× =	·						
4. OTHER FEE(S) Fees Paid (\$)														
Non-English Specification, \$130 fee (no small entity discount)														
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00														
SUBMITTED BY	.7/	7												
Signature	Aulv4/1/1	m	Noben		Registration No. Attorney/Agent)	32,334	Telephone	(703) 205	5-8026					
Name (Print/Type)	Joe McKimey N	/luncy	GULUS		_ , , , ,	27295	Date	August 22	2, 2006					